

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

08978

CERTIFICATE OF DEATH

Reg. Dist. No.

167

1. PLACE OF DEATH:

Garrett

County.

Rural Oakland

(If outside city or town limits, write RURAL and give nearest town)

70 yrs.

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lillia Ann Beckman

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Herman H. Beckman

7. Birth date of

deceased (mo., day, yr.)

November 9, 1868

6.(c) If alive, give age —— years

8. AGE:

Years

Months

Days

If less than one day

77

9

9.

hrs.

min.

9. Birthplace **Baltimore, Maryland.**

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

MOTHER FATHER

12. Name **Unknown**

13. Birthplace

14. Maiden name **Rosanna Stahl**15. Birthplace **Garrett Co., Md.**

16. Informant

Mrs. Benj. F. Knapp

Address

R. D. Oakland, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof **Aug. 20, 1946**

(month) (day) (year)

Cemetery or crematory

Eglon, W. Va. Union Cem.

Location

Preston Co., W. Va.

18. Funeral director

Herbert C. Leighton

Address

Oakland, Maryland.19. **8/20**

19.

(Date rec'd by registrar)

Emmer C. Shaffer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland.

State

Garrett

County

Rural Oakland

City or town

(If outside city or town limits, write RURAL and give nearest town)

9 Mi. S W Oakland

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH **August 17**

1946

4:35 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1936

to

1946

and that I last saw her alive on **August 17** 1946Immediate cause of death **Anæsthetism +****dehydration -**Due to **Anæsthet + vomiting -**

2 wks

Due to **Hypertension, Cardiac asthma 4 wks -****+ ast. Congestive heart failure**

2 wks

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Harold C. Miller M.D.

M. D. or other

Address **Egton, W. Va.** Date signed **8/19/46**

REC

AUG 22

BUREAU

RECEIVED

AUG 22 1946

BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13d

08979

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:

Garett
 County.....
 City or town..... Rural Near Bittinger
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Eliza Belle Broadwater

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

F W Widowed

6. (b) Name of husband or wife..... Perry Broadwater

7. Birth date of deceased (mo., day, yr.) Febrary 23- 1865

8. AGE: Years Months Days If less than one day
81 5 25 .hrs. .min.9. Birthplace..... Mill Run Garett Co Md
(Town, county, and state)

10. Usual occupation..... House Work

11. Industry or business

12. Name..... Benjamin Green
 MOTHER FATHER 13. Birthplace..... Not Known

14. Maiden name..... Mary Poland

15. Birthplace..... Lonaconing Md

16. Informant..... Mrs Mary Brenneman

Address..... Bittinger Md

17. Burial..... Bittinger
(Burial, cremation, or removal. Which?)Date thereof..... 8-21-1946
(month) (day) (year)Cemetery or crematory..... Bittinger
 Location..... Bittinger Md18. Funeral director..... John Wintersberg
 Address..... Grantsville Md19. Aug. 19 1946
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Garatt

City or town..... Rural Near Bittinger
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 18 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 46 to Aug 18 1946 and that I last saw her alive on Aug 17 1946

Immediate cause of death.....

S. Chronic Myocarditis 2 yrs

Due to.....

Due to.....

Other conditions.....

Senile

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

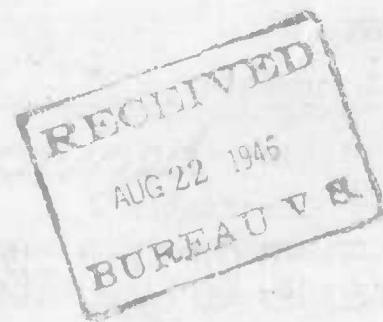
Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Grantsville Md Date signed Aug 19



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3rd

CERTIFICATE OF DEATH

08080
Reg. Dist. No. 164

1. PLACE OF DEATH:
 County Garrett
 City or town accident
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Ward No.
 (If outside city or town limits, write RURAL NEAR and give town)
 Street No. Rural
 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lydia Frasell

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Perry Frasell

7. Birth date of deceased (mo., day, yr.) Oct 22 - 1866

8. AGE: Years 79 Months 9 Days 16 If less than one day
 hrs. min.

9. Birthplace Garrett Co. Md
 (Town, county, and state)

10. Usual occupation Hannerville

11. Industry or business

12. Name John Bowser

13. Birthplace Garrett Co. Md

14. Maiden name Rebecca Mouser

15. Birthplace Garrett Co. Md

16. Informant Sara R Tissure

Address Addison Pa

17. Burial Date thereof Aug 11-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Addison Cemetery

Location Addison Pa

18. Funeral director H. P. Riehebarger

Address Addison Pa

19. Aug 8 1946 Comm'd dpoolein
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8th 1946, at 6 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1946, to Aug 7th 1946, and that I last saw her alive on August 7th 1946.

Immediate cause of death Angina Pectoris DURATION 1 year

Due to Arteriosclerosis DURATION 10 years
heart disease

Due to Generalized
Arteriosclerosis.

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: none

22. VIOLENCE: If death was due to external causes, fill in the following:

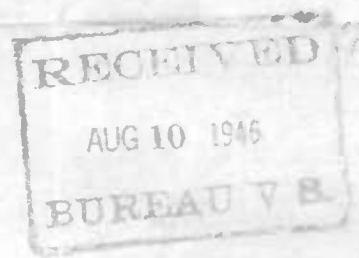
Accident, suicide, or homicide none Date of Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury none Injured at work?

23. SIGNATURE Milton Tepper, M.D.
 M. D. or other

Address Fredericksville, Md Date signed Aug 8, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

08081

Reg. Dist. No. 161

1. PLACE OF DEATH: Garrett
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town) Friendsville Md
 How long in above place of death? 40 yrs
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Md County..... Garrett
 City or town..... Friendsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Percy Simms Friend

4. Sex <u>M.</u>	5. Color or race <u>W.</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
6.(b) Name of husband or wife <u>Elsie M. Friend</u>		5.(c) If alive, give age <u>54</u> years	
7. Birth date of deceased (mo., day, yr.) <u>Jan 19 1882</u>			
8. AGE: Years <u>64</u>	Months <u>6</u>	Days <u>24</u>	If less than one day hrs. min.
8. Birthplace <u>Md</u> (Town, county, and state)			
10. Usual occupation <u>Jester of the Peace</u>			
11. Industry or business <u>Friend</u>			
12. Name <u>Friend</u>			
13. Birthplace <u>Md</u>			
14. Maiden name <u>Jane Friend</u>			
15. Birthplace <u>Md</u>			
16. Informant <u>Friendville Md</u>			
Address <u>Elsie Friend</u>			
17. (Burial, cremation, or removal Which?) <u>Cemetery or crematory</u> Date thereof <u>Aug 15-1946</u> (month) (day) (year)			
Cemetery or crematory <u>Savage Addition</u>			
Location <u>10 Friendsville Rd</u>			
18. Funeral director <u>M H Stever</u>			
Address <u>Friendville</u>			
19. Aug 15 1946 Kathryn F. T. Registrar (Date rec'd by registrar)			

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

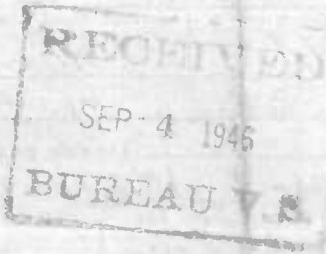
20. DATE OF DEATH AUGUST 13, 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUGUST 13 1946 to AUGUST 13, 1946 and that I last saw him alive on AUGUST 12, 1946.

Immediate cause of death CORONARY OCCLUSION

Due to <u>ARTERIOSCLEROSIS</u>	DURATION <u>1 HR</u>
Due to.....	<u>2 YRS</u>
Other conditions.....	
(Include pregnancy within 3 months of death)	
Major findings of operations.....	
Date of op.	
Autopsy results.....	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide..... Date of.....	
Where did injury occur? (City or town) (County) (State)	
Injured at home, farm, industry, public place (where?)	
Means of injury Injured at work?	
23. SIGNATURE <u>Milton Jepfer, M.D.</u> M. D. or other	
Address <u>Friendville, Md</u> Date signed <u>Aug 15, 1946</u>	

RECEIVED TO THE MEXICO STATE GOVERNOR
RECEIVED TO STATIONED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (b)

CERTIFICATE OF DEATH

08082

166

Reg. Dist. No....

1. PLACE OF DEATH:

County... Garrett

City or town... Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

Murphy

3. (a) FULL NAME

Margaret Cecilia Kerins.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband or wife

George T. Kerins.

6.(c) If alive, give age 65

years

7. Birth date of deceased (mo. day. yr.)

December 13th, 1892

8. AGE:

Years

Months

Days

If less than one day

53

8

15

hrs.

min.

9. Birthplace

Oakland, Maryland.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

12. Name Joseph Murphy.

13. Birthplace Garrett County.

14. Maiden name

Mary Ellen O'Conner.

15. Birthplace

Ireland.

16. Informant

George T. Kerins.

Address

Oakland, Maryland.

17. Burial

Date thereof Aug. 30/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Peter's Cemetery.

Location

Oakland, Maryland.

18. Funeral director

Henry D. Bolden

Address

Oakland, Md.

19. Date rec'd by registrar

Aug. 30/46 Julia A. Powers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett

City or town... Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH August 28th 1946 19

3:30

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

17 act 1946 to 28 aug 1946

and that I last saw her alive on 27 aug 46 -

19

Immediate cause of death

Diabetes Mellitus

DURATION

Due to

Due to Coronary Occlusion

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Audrey. Marie. M. D. other

Cathard S. 1710 Date signed 8/30/46

RECEIVED

SEP 3 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

08083

CERTIFICATE OF DEATH

Reg. Dist. No.

172

1. PLACE OF DEATH:

Garrett

County

Rural- Deer Park

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

6mi.North- Sand Flat Section

How long in hospital or institution?

3. (a) FULL NAME

Baby Boy O'Brien

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

August 5, 1946

8. AGE:

Years

Months

Days

It less than one day

- - - - hrs. 10 min.

Rural-Deer Park, Md.

9. Birthplace

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

Joseph Henry O'Brien

12. Name

Swanton, Md.

13. Birthplace

Celia Kathleen Tichinell

14. Maiden name.....

15. Birthplace

Bloomington, Md.

16. Informant

Mrs. Celia O'Brien

Address

Deer Park, Md. R#2

17. Burial

(Burial, cremation, or removal, Which)

Date thereof Aug. 5, 1946

(month) (day) (year)

North Glade Cemetery

Cemetery or crematory

North Glade, Garrett Co., Md.

Location

18. Funeral director

Otha F. Sharpless

Address

Blaine, W.Va.

19. (Date rec'd by registrar)

Aug. 5 1946

Signature

A. J. Kassick

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Garrett

City or town

Rural- Deer Park

Street No.

6 Miles North- Sand Flat

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

August 5

46

8:30 A.M.

2D. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 5 1946 to Aug. 5 1946

and that I last saw deceased alive on Aug. 5 1946

Immediate cause of death

Pneumonia, Hypertension, J

Due to

Placenta

Breach

Due to

5 months Pregnancy

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ralph Culoudella M.D.

M. D. or other

Address

Kittanning, Md.

Date signed

Aug. 5 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

08084

CERTIFICATE OF DEATH

Reg. Dist. No. 172

I. PLACE OF DEATH

Garrett

County

Rural - Swanton

City or town

(If outside city or town limits, write RURAL and give nearest town)

23 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

Swanton, Road

How long in hospital or institution?

3. (a) FULL NAME

Lena Ellen Otto

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

William Lewis Otto

6. (b) Name of husband or wife

50

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept. 13, 1896

8. AGE:

Years
49Months
11Days
2If less than one day
.....hrs.min.

Westernport, Alleg. Co., Md.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housework

Own Home

11. Industry or business

James Simeon Grove

12. Name

Westernport, Md.

13. Birthplace

Mother

Fannie Duckworth

14. Maiden name

Westernport, Md.

15. Birthplace

16. Informant

William L. Otto

Address

R.# 1, Swanton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 18, 1946

(month) (day) (year)

North Glade Cemetery

Cemetery or crematory

3 mi. N. Swanton, Md.

Location

Otha F. Sharpless

18. Funeral Director

Blaine, W.Va.

Address

19. Date rec'd by registrar

1946

Aug. 17, 1946
uncarred

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Garrett

City or town

Rural - Swanton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(d) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

August 15

46 4:45 P.M.

2D. DATE OF DEATH

Jan. 1944 to Aug. 15, 1946

and that I last saw h... alive on Aug. 15, 1946

Immediate cause of death

Acute myocarditis

DURATION

several weeks

Due to

Cardio-venous disease
with dyspnoea

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Reff Calandella and
K. T. Lee, M.D. or other
Date signed Aug. 16, 1946

IVBD

SEP 4 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

08085

161

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:

County.....

Garrett

City or town.....

near Friendsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

all his life

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

John Henry Sines

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

June 22 - 1896

B. (c) If alive, give age.....

years

8. AGE:

Years
70Months
2Days
6If less than one day
hrs. min.

9. Birthplace.....

Md

(Town, county, and state)
Denton

10. Usual occupation.....

Laborer

11. Industry or business

MOTHER FATHER

Solomon Sines

12. Name.....

Md

13. Birthplace.....

Md

14. Maiden name.....

Mary Richard

15. Birthplace.....

Md

16. Informant.....

Katie Tice

Address.....

Oakland Md

17. (Burial, cremation, or removal, which?)

Date thereof.....

Aug 30 - 46
(month) (day) (year)

Cemetery or crematory.....

Sand Spring

Location.....

near Friendsville Md

18. Funeral director.....

H. H. Savage

Address.....

Friendsville Md

19. Aug 30.....

19.....

(Date read by registrar)

Kathy Tice

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Garrett

City or town.....

near Friendsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2d. DATE OF DEATH.....

August 28 1946 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Spurred after death

19

and that I last saw him alive on.....

19

Immediate cause of death.....

Coronary Occlusion

DURATION

Due to..... Arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings at operation.....

Date of op.....

None

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

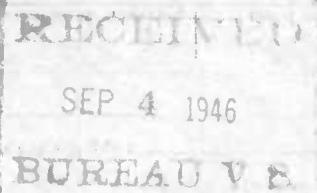
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... M. D. or other

Address..... Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08086

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-12

1. PLACE OF DEATH:

County..... Garrett
City or town..... Rural Near Grantsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Floyd Alvin Swager

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Augest I 1882

5. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

64 - 16 hrs. min.

9. Birthplace..... Rural Near Grantsville Md
(Town, county, and state)

10. Usual occupation..... Timber Worker

11. Industry or business

12. Name..... Isaac Swager
13. Birthplace..... R.D.2 Grantsville Md

14. Maiden name..... Virginia Layman

15. Birthplace..... Garrett Co Md

16. Informant..... Hubert Swager

Address..... Grantsville Md

17. Burial Date thereof..... 8.18-1946
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Grantsville

Location..... Grantsville Md

18. Funeral director..... Mrs. M. W. Swager

Address..... Grantsville Md

Aug 17 1946
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Garrett

City or town..... Rural Near Grantsville Md
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

Floyd E. Swager 918-03-7941

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug 16 1946 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1946 to Aug 16 1946 and that I last saw him alive on Aug 15 1946

Immediate cause of death..... Chronic myocarditis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

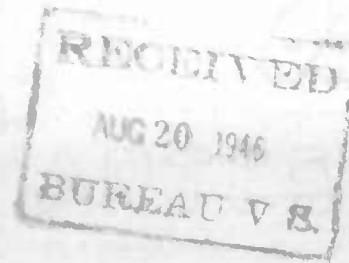
Means of injury.....

Injured at work?

23. SIGNATURE..... Alexander Saloshore

M. D. or other.....

Address..... Salisburg Pa Date signed..... Aug 17 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17

CERTIFICATE OF DEATH

08087

166

Reg. Dist. No. 166

1. PLACE OF DEATH:

Garrett

County

Rural Steyer

City or town

(If outside city or town limits, write RURAL and give nearest town)

17 yrs.

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3.(a) FULL NAME

William J. White

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Sallie Mae Smith White

7. Birth date of deceased (mo., day, yr.)

November 24, 1876

6.(c) If alive, give age years

40

8. AGE:

Years
69Months
9Days
6

It less than one day

hrs. min.

9. Birthplace

Garrett Co., Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Own Farm

MOTHER FATHER

J. Murray White

12. Name

Garrett Co., Md.

13. Birthplace

Eliza Jane Moon

14. Maiden name

Garrett Co., Md.

15. Birthplace

Mrs. William J. White

16. Informant

Steyer, Md.

Address

Burial

Sept. 2, 1946

(Burial, cremation, or removal, which?)

Date thereof (month) (day) (year)

Oak Grove Cemetery

2 mi. N. Gorman, Md.

Location

18. Funeral director

Herbert C. Keighton

Address

Oakland, Md.

Sept. 2. 46 Julia Power

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland.

State

Garrett

County

Rural Steyer

City or town

(If outside city or town limits, write RURAL and give nearest town)

1 Mi. West Steyer, Md.

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 31

19 K6 at 1⁰⁰

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Aug. 16th 46 19 Aug. to 30th 1946 19and that I last saw h. alive on Aug 25th 1946

Immediate cause of death Heart failure

DURATION

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W.G. Dintwiler

M. D. or other

Address 40 Maria, W. Va.

Date signed Sept. 46

RE

SEP 9 1947

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

08088

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County

GARRETT

City or town

SWANTON (RURAL)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

MR. JESSE-WALT

4. Sex 5. Color of race 6. (a) Single, married, widowed, or divorced

M white widowed

6. (b) Name of husband or wife 7. Birth date of deceased (mo. day, yr.)

Rachel Walt not known

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

78 hrs. min.

9. Birthplace (Town, county, and state)

unknown (Unknown)

10. Usual occupation

11. Industry or business FARM

12. Name

George Walt

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant

Dewey Walt

Address

Sodpatch Penna

17. Burial Date thereof

(Burial, cremation, or removal which?) AUG 9-1946

(month) (day) (year)

Cemetery or crematory

Bettonge Md Cemetery

Location

Stepney M Thomas

Address

Salisbury Penn

18. Funeral director

Aug 7 1946 Ethel Swartz

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MARYLAND County GARRETT

City or town

RURAL (If outside city or town limits, write RURAL and give nearest town)

Street No.

SWANTON (If rural, give LOCATION)

2.(a) If veteran, name war

— NO

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 7 1946 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1945 to Aug 7 1946

and that I last saw him alive on July 27 1946

Immediate cause of death

Bronchitis

DURATION

Due to

Due to

Other conditions

Asteriasclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H. D. Davis M.D.

M. D. or other

Address

Swantown Rd Aug 7 1946

